



TEXAS DEPARTMENT OF HEALTH  
AUSTIN TEXAS  
INTER-OFFICE

**TO:** Regional Directors  
Directors, Local Health Departments  
Directors, Independent WIC Local Agencies  
Director, Office of Public Health Practice

**FROM:** Barbara Keir, Director **(Original Signed)**  
Division of Public Health Nutrition and Education  
Bureau of Nutrition Services

**DATE:** October 11, 2002

**SUBJECT:** Revised Breast Pump Logs

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The breast pump logs for single user breast pumps, collection kits for multi-user breast pumps, and manual breast pumps have been revised. **Please replace all previous breast pump inventory logs by transferring your current inventory to the revised breast pump logs.** Please begin using the attached new logs no later than **Friday, November 1, 2002**. All fields on the breast pump inventory logs are mandatory. The master multi-user electric breast pump log and all transfer logs were not revised.

All breast pump inventory logs must be reconciled monthly. The master multi-user log can be reconciled by checking the pumps listed in the master log against those you have in stock and those that are on loan according to the collection kit log.

If you do not use all three types of manual pumps you do not need to keep a log for each type of manual pump. For example, if your local agency only uses Hollister One-hand and Medela Spring Express you only need to keep manual pump logs for these two types of manual pumps.

You must list a reason code each time any type of pump is issued. However, local agencies will not be monitored on the reason code listed on the forms.

If you have questions or require additional information, please contact Ms. Amanda Hovis, Nutrition Education Consultant, Bureau of Nutrition Services, at (512) 458-7111, extension 3411 or [amanda.hovis@tdh.state.tx.us](mailto:amanda.hovis@tdh.state.tx.us) or Ms. Mary Van Eck, Nutrition Education Coordinator, Bureau of Nutrition Services, at (512) 458-7111, extension 3484 or [mary.vaneck@tdh.state.tx.us](mailto:mary.vaneck@tdh.state.tx.us).

Attachments

# WIC INVENTORY LOG -- COLLECTION KITS FOR MULTI-USER ELECTRIC BREAST PUMPS

\_\_\_\_\_WIC CLINIC

Project:\_\_\_\_\_ Site:\_\_\_\_\_

**Reason Codes:**

- A. Premature or sick newborn in NICU
- B. Build milk supply/relactate
- C. Other special need as determined by CPA, Peer Counselor, IBCLC, or WIC Director (**Write in the reason.** For example, C--Cleft palate)

PARTICIPANT NAME	Breast Pump Number	Kits Issued/Received -/+	Running Balance of Kits	Reason Code (If C, write in reason)	Date Issued	Date Due	Release Form Signed Y or N	Staff Initials	Notes	Date Returned
Beginning Log Balance of Collection Kits (This is the ending log balance from the previous page.)					Date :					
Ending Log Balance of Collection Kits. Carry the ending log balance to the first line of the new page. Reconcile current stock and running balance at least monthly.					Date:					

# WIC Inventory Log for Manual Breast Pumps-- Hollister One-Hand ONLY

Project: \_\_\_\_\_ Site: \_\_\_\_\_

\_\_\_\_\_ WIC Clinic

**Reason Codes:**

- A. To resolve a short-term breastfeeding concern. (Examples: engorgement, flat or inverted nipples, oversupply, sleepy baby, plugged duct)
- B. For infrequent separation(s) of mother and baby. (Examples: part-time work or school, mom does not want to breastfeed in public.)
- C. Other special need as determined by CPA, Peer Counselor, IBCLC, or WIC Director. **(Write in the reason.** For example: C--Mom needs to pump and discard milk for 4 days because of medications)

Date	Printed Participant Name	Participant Signature	Reason Code (If C, write in reason)	Pumps Issued/Received -/+	Running Balance	Initials
	Beginning Log Balance of Hollister One-Hand Manual Breast Pumps (This is the ending log balance from the previous page.)					
	Ending Log Balance of Hollister One-Hand Breast Pumps Carry the ending log balance to the first line of the new page. Reconcile current stock and running balance at least monthly.					

# WIC INVENTORY LOG -- SINGLE USER ELECTRIC BREAST PUMP

Project: \_\_\_\_\_ Site: \_\_\_\_\_

\_\_\_\_\_ WIC Clinic

- Reason Codes:**
- A. Return to work
  - B. Return to school
  - C. Other special needs as determined by CPA, Peer Counselor, or WIC Director (**Write in the reason**, for example, C-Down Syndrome baby, mom needs help maintaining milk supply.)

DATE	PARTICIPANT NAME	REASON CODE (If C, write in reason)	Pumps Issued/Received -/+	Running Balance	Release Form Signed Y or N	Initials
	<b>Beginning Log Balance of Single User Breast Pumps</b> (This is the ending balance from the previous page.)					
	<b>Ending Log Balance of Single User Breast Pumps</b> <b>Carry the ending log balance to the first line of the new page.</b> Reconcile current stock and running balance at least monthly.					

# WIC Inventory Log for Manual Breast Pumps-- Medela Spring Express ONLY

Project: \_\_\_\_\_ Site: \_\_\_\_\_

\_\_\_\_\_ WIC Clinic

**Reason Codes:**

- A. To resolve a short-term breastfeeding concern. (Examples: engorgement, flat or inverted nipples, oversupply, sleepy baby, plugged duct)
- B. For infrequent separation(s) of mother and baby. (Examples: part-time work or school, mom does not want to breastfeed in public.)
- C. Other special need as determined by CPA, Peer Counselor, IBCLC, or WIC Director. **(Write in the reason.** For example: C--Mom needs to pump and discard milk for 4 days because of medications)

Date	Printed Participant Name	Participant Signature	Reason Code (If C, write in reason)	Pumps Issued/Received -/+	Running Balance	Initials
	Beginning Log Balance of Medela Spring Express Manual Breast Pumps (This is the ending log balance from the previous page.)					
	Ending Log Balance of Medela Spring Express Breast Pumps					
	Carry the ending log balance to the first line of the new page.					
	Reconcile current stock and running balance at least monthly.					

# WIC Inventory Log for Manual Breast Pumps-- Medela Little Hearts ONLY

Project: \_\_\_\_\_ Site: \_\_\_\_\_

\_\_\_\_\_ WIC Clinic

**Reason Codes:**

- A. To resolve a short-term breastfeeding concern. (Examples: engorgement, flat or inverted nipples, oversupply, sleepy baby, plugged duct)
- B. For infrequent separation(s) of mother and baby. (Examples: part-time work or school, mom does not want to breastfeed in public.)
- C. Other special need as determined by CPA, Peer Counselor, IBCLC, or WIC Director. **(Write in the reason.** For example: C–Mom needs to pump and discard milk for 4 days because of medications)

Date	Printed Participant Name	Participant Signature	Reason Code (If C, write in reason)	Pumps Issued/Received -/+	Running Balance	Initials
	<b>Beginning Log Balance of Medela Little Hearts Manual Breast Pumps (This is the ending log balance from the previous page.)</b>					
	<b>Ending Log Balance of Medela Little Hearts Breast Pumps</b>					
	<b>Carry the ending log balance to the first line of the new page.</b> Reconcile current stock and running balance at least monthly.					